

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33876

STATE FILE NUMBER 8430

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		Length of stay in lb 2 dys	
3. NAME OF DECEASED (Type or print) First Ruth Middle 1. Last Mikes		4. DATE OF DEATH Month Sept. Day 8 Year 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist Nurse		10b. KIND OF BUSINESS OR INDUSTRY Doctor's Office	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Leonard Yehlen		14. MOTHER'S MAIDEN NAME Louise Schatz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-14-8233	
17. INFORMANT Albert L. Mikes		Address 578 No. Laclede Sta. Rd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral-Cerebellar embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4/6x			INTERVAL BETWEEN ONSET AND DEATH 2 days 15 yrs.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 30, 1956, Sept. 7, 1957 and last saw her alive on Sept 7, 1957 Death occurred at 12:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Norton John Everell M.D.		22b. ADDRESS 6356 Clayton Rd. St. Louis 12 Mo	
22c. DATE SIGNED Sept 8, 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 11, 1957	
23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		23d. LOCATION (City, town, or county) Lemay, Mo.	
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. SEP 9 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Lenore C. Hoffmann

Licensed Embalmer No. 38

P. O. Address 7814 S. B.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.